UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: Case No. 16-05508

KURT C KRIMMEL ROBBIN LYNN KRIMMEL Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 02/19/2016.
- 2) The plan was confirmed on 05/11/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 12/20/2017.
 - 6) Number of months from filing to last payment: 22.
 - 7) Number of months case was pending: 24.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$24,932.40 Less amount refunded to debtor \$2,049.24

NET RECEIPTS: \$22,883.16

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$4,000.00
Court Costs \$0.00
Trustee Expenses & Compensation \$1,018.18
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION:

\$5,018.18

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:							
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid	
ALEXIAN BROTHERS MED CENTER	Unsecured	373.00	NA	NA	0.00	0.00	
ALLIANCE PATHOLY CONSULTANTS	Unsecured	96.00	NA	NA	0.00	0.00	
BANFIELD THE PET HOSPITAL	Unsecured	362.00	NA	NA	0.00	0.00	
BANK OF AMERICA	Unsecured	900.00	NA	NA	0.00	0.00	
BEACON HEALTH CARE	Unsecured	1,500.00	NA	NA	0.00	0.00	
CAVALRY INVESTMENTS	Unsecured	NA	11,221.56	11,221.56	0.00	0.00	
COMCAST	Unsecured	648.00	NA	NA	0.00	0.00	
COMCAST	Unsecured	914.00	NA	NA	0.00	0.00	
COMCAST CENTRAL WAREHOUSE	Unsecured	399.00	NA	NA	0.00	0.00	
CREDIT BOX	Unsecured	2,969.00	1,935.47	1,935.47	0.00	0.00	
EDWARD ELMHURST HEALTHCARE	Unsecured	500.00	NA	NA	0.00	0.00	
EMERGENCY PHYSICIANS	Unsecured	1,446.00	NA	NA	0.00	0.00	
GE MONEY BANK	Unsecured	2,821.00	NA	NA	0.00	0.00	
HONOR FINANCE	Unsecured	392.00	NA	NA	0.00	0.00	
HONOR FINANCE	Secured	5,100.00	NA	5,492.00	4,732.03	245.58	
INTERCOASTAL FINANCIAL LLC	Unsecured	NA	580.00	580.00	0.00	0.00	
INTERNAL REVENUE SERVICE	Priority	14,805.00	26,780.48	26,780.48	5,029.21	0.00	
INTERNAL REVENUE SERVICE	Priority	2,387.00	NA	NA	0.00	0.00	
INTERNAL REVENUE SERVICE	Priority	4,350.00	NA	NA	0.00	0.00	
INTERNAL REVENUE SERVICE	Priority	8,653.00	NA	NA	0.00	0.00	
INTERNAL REVENUE SERVICE	Unsecured	NA	11,242.00	11,242.00	0.00	0.00	
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	421.00	421.22	421.22	0.00	0.00	
MEA ELK GROVE LLC	Unsecured	63.00	NA	NA	0.00	0.00	
METRO PARAMEDICS ELMHURST	Unsecured	868.00	NA	NA	0.00	0.00	
NORTHWEST MEDICAL CENTER	Unsecured	125.00	NA	NA	0.00	0.00	
PORANIA	Unsecured	NA	495.00	495.00	0.00	0.00	
PRA RECEIVABLES MGMT	Unsecured	368.00	367.58	367.58	0.00	0.00	
PREMIER BANK CARD	Unsecured	516.00	NA	NA	0.00	0.00	
REGIONAL ACCEPTANCE CORP	Unsecured	10,935.00	10,935.13	10,935.13	0.00	0.00	
SANTANDER CONSUMER USA	Unsecured	3,692.00	0.00	636.12	0.00	0.00	
SANTANDER CONSUMER USA	Secured	14,275.00	18,603.12	17,967.00	6,514.58	1,193.21	

Scheduled Creditors:						
Creditor		Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
SEVENTH AVENUE	Unsecured	91.00	NA	NA	0.00	0.00
SYNCB/CARE CREDIT	Unsecured	0.00	NA	NA	0.00	0.00
UNITED CONSUMER FINANCIAL SRV	Unsecured	1,937.00	1,586.55	1,886.55	0.00	0.00
UNITED CONSUMER FINANCIAL SRV	Secured	150.00	450.00	150.00	150.00	0.37

Summary of Disbursements to Creditors:		-	
-	Claim	Principal	Interest
	Allowed	<u>Paid</u>	<u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$23,459.00	\$11,246.61	\$1,438.79
All Other Secured	\$150.00	\$150.00	\$0.37
TOTAL SECURED:	\$23,609.00	\$11,396.61	\$1,439.16
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$26,780.48	\$5,029.21	\$0.00
TOTAL PRIORITY:	\$26,780.48	\$5,029.21	\$0.00
GENERAL UNSECURED PAYMENTS:	\$39,720.63	\$0.00	\$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$5,018.18 \$17,864.98	
TOTAL DISBURSEMENTS :		<u>\$22,883.16</u>

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 03/05/2018 By:/s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.